

# **Beacon Health Options**

## **Presenting**

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- Beth Bernasek BS LAC





#### **Beacon Administration of KSSC Funded Treatment Services**

- Administration began 10/1/18 for all dates of service 10/1/18 and after.
  - Portal access
  - Claims payment
  - o Administrative Review
  - Clinical Review
  - Data Analysis and Reporting

- Clinical Issues
  - Contact the Clinical team
    - 866-645-8216
    - KansasClinical@BeaconHealthOptions.com
- Claims or Credentialing Issues
  - Contact Beth Bernasek Provider
     Quality Manager
    - Office: 785-338-9018
    - Cell: 785-213-3562
    - $\ Elizabeth.bernasek@beaconhealthoptions.com\\$
    - SB123@beaconhealthoptions.com

Since 10/1/18

1245 offenders served

**\$3,447,000** in paid in more than 30,000 claims

72% of Offenders present with Amphetamine related diagnosis



## **Documents Required for Service Requests**

- Detox, Initial 21 days of Level 3.3 tx during case, Level 3.1, Level 2 IOP and Level 1 OP
  - Client Placement Agreement (CPA)
  - Must indicate level of care requested, be signed by ISO and the Agreement date must be on or prior to the review start date/start date of services
- DAAP assessment Must have all 3
  - SB 123 assessment form fully completed
  - o SASSI
  - Clinical Narrative

- Level 3.3 tx request for services following 21 days of billed services at level 3.3 tx during case – These are reviewed for medical necessity
  - o CPA
  - Clinical to justify level of care included on Clinical Review Form found on Beacon's website:
    - https://kansas.beaconhealthoptions.com/ providers/kssc/



## Submission of the CPA is Mandatory

- The Client Placement Agreement (CPA) is the agreement between the ISO.
  - Evidence of a hand shake
- Service Requests received without an attached, complete, and signed CPA are voided.

- CPAs must be obtained prior to admit to treatment services.
  - The only exception to this would be if an offender were admitted to social detox and SB123 eligibility was determined after admit.



## **Use the Authorization and Claims Submission Reference Guide**

- Remember there is a 45day timely filing rule being enforced from the date of service.
- Please bill the appropriate charge amount. Some providers are actually billing less than they can.
- All post sentence documents and service requests are submitted via ProviderConnect



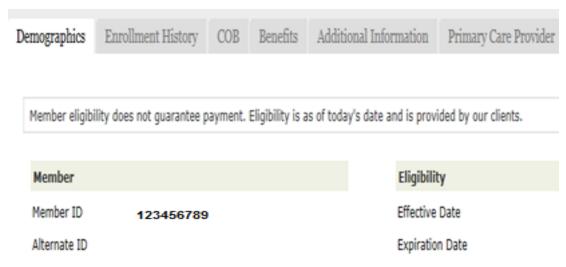


Treatment Modality	Level of Service	Service Class	Type of Service	Level of care	Type of Care	Service Code (HCPC Code)	Modifier	Place of Service	Charge Amount	Max Per Request	Utilization Guidance
Social Detox	INPATIENT/ HLOC/ SPECIALTY	SDX	SUBSTANCE USE	RESIDENTIAL TREATMENT CENTER	DETOX	H0014		55	\$150.00	5 days	5 day max length of stay
Therapeutic Community	INPATIENT/ HLOC/ SPECIALTY		SUBSTANCE USE	ASSERTIVE COMMUNITY TREATMENT	BEHAVIORAL	H0025		55	\$150.00	30 days	180 day Cap
Intermediate Residential	INPATIENT/ HLOC/ SPECIALTY		SUBSTANCE USE	RESIDENTIAL TREATMENT CENTER	BEHAVIORAL	H0018		55	\$180.00	21 days initial 7 day concurrent	90 day Cap
Re-integration	INPATIENT/ HLOC/ SPECIALTY	RRE	SUBSTANCE USE	HALFWAY HOUSE	BEHAVIORAL	H0019		55	\$70.00	30 days	60 day Cap
Intensive Outpatient	INPATIENT/ HLOC/ SPECIALTY	IOP	SUBSTANCE USE	IOP/SOP	BEHAVIORAL	H0015	U5	11	\$120.00	30 days	30 day Cap
Outpatient Individual	OUTPATIENT	TIN	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0004		11	\$20.00	936 units	Max of 12 units per week, Case Max 936 units
Outpatient Group	OUTPATIENT	TIN	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0005	U5	11	\$6.25	999 units	32 unit max per week, Case Max 2496 units
Outpatient Family	OUTPATIENT		SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0004	HR	11	\$18.75	312 unit	4 units per week, Case Max 312 units
Relapse Prevention/ Continuing Care	OUTPATIENT	TIN	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0024		11	\$6.25	999 units	4 units per day, Case Max 2232 units
SASSI only	OUTPATIENT		SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0002		11	\$5	1 unit	1 per case only, available under presentencing benefit package only
			CURCTANCE								4

## **Eligibility**

- The member ID in ProviderConnect is the KBI#+01. However, the true KBI#, KDOC# and SSN can all be used as alternative IDs for offender lookup.
- Eligibility is determined via TOADS. Do not send KDADS related eligibility documents.
- If Eligibility data in ProviderConnect does not match provider/ISO records
  - Provider reach out to the ISO to confirm eligibility.
  - If data continues to differ from what is in Provider Connectplease reach out to Beacon (PR or clinical).
  - Beacon will confirm upload information and reach out to KSSC as needed to confirm/adjust eligibility and notify the provider.

If you do specific member search with KBI/KDOC #
and DOB the FIRST page that pulls up
(DEMOGRAPHICS) Should show you the member ID
to submit claims under.





## **Claims Denials**

- Do you have an authorization for that level of care in Provider Connect?
  - o From the Member Demographic screen Click on the "View Member Auths" Button and then scroll down and Click "Search"

De	emographics	Enrollment History	COB	Benefits	Additional Inf	ormation	Primary Care Prov	ider		
	Member eligibi	lity does not guarantee p	ayment.	Eligibility is a	as of today's date	and is prov	ided by our clients.			
	Member					Eligibilit	ty			
	Member ID <b>987654321</b>					Effective Date				
	Alternate ID					Expiration Date				
<del>.</del> .										
If you wish to use the ProviderConnect Message Center to communicate with this Member, please select the 'Enable Member Commu										
(Noter Fou will be able to send a message only if the Member participates in Message Center communication.)										
$\in$	View Membe	er Auths		View Mem	ber Claims	Vie	ew Empire Claims		View GHI-BMP Claims	
Er	nter Auth/Notific	auon Request		Enter	Claim		Send Inquiry		View Clinical Drafts	
	View Ref	erral		Special Progra	m Applications	View	At Risk Crisis Plans	E	nter an Individual Plan	



## **Search Authorizations**

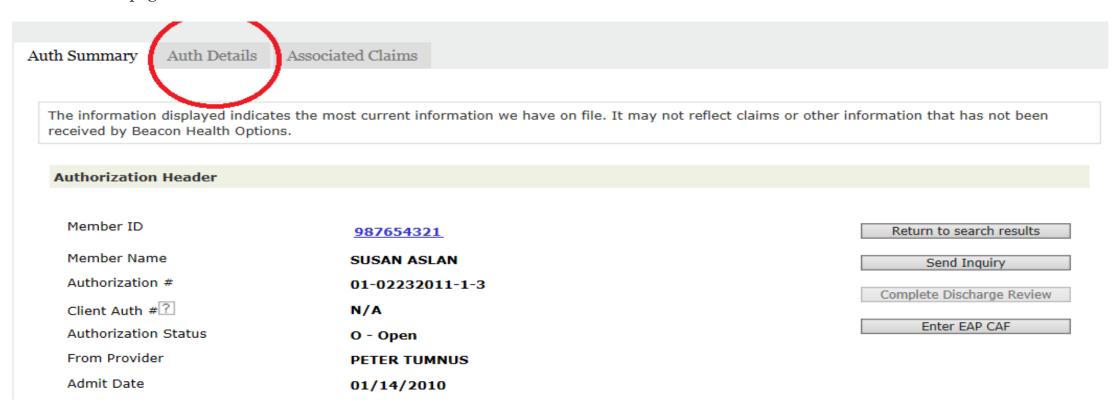
• Click the blue hyperlink that matches the service you're looking for

Auth # ¥	Member ID	Member DOB	Provider ID Vendor ID		Service	
View Letter	Member Name		Provider Alt. ID	Alternate Provider		
<u>01-02232011-1-3</u>	987654321	12/02/1979	12345	A00001	EAP	
	ASLAN, SUSAN		<u>712345</u>		EAP	
01-042210-1-10	<u>987654321</u>	12/02/1979	12345	A00001	Behavioral	
	ASLAN, SUSAN		<u>712345</u>		Inpatient	



#### **Find the Authorization Details**

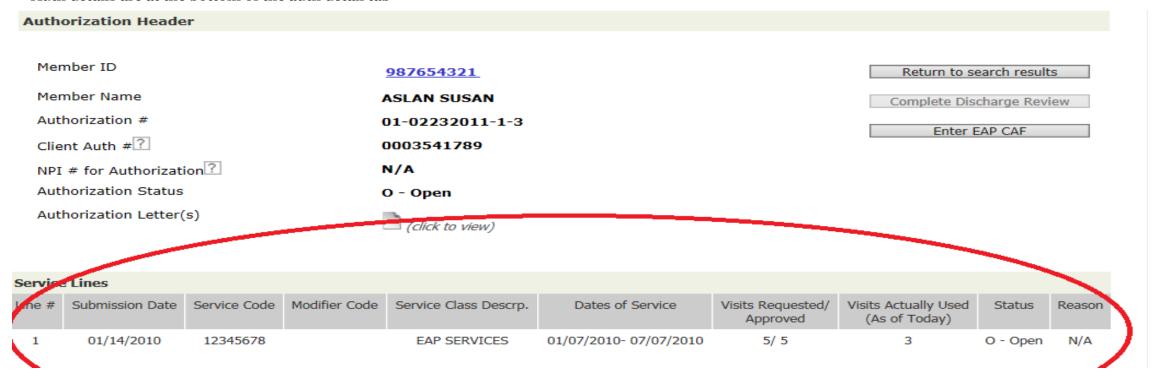
• On the next page- click the AUTH DETAILS tab





#### **Authorization Details**

• Auth details are at the bottom of the auth detail tab



• \*\* Note this is also the section you can CONFIRM the units that were authorized. (Ie. If you asked for 30 IOP units however 10 were authorized due to CAP.



## **Thank You**

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#### **Contact Us**

- **4** 866-645-8216
- https://kansas.beaconhealthoptions.com/providers/kssc/

#### Send your clinical and eligibility questions here:

KansasClinical@beaconhealthoptions.com

#### Send your EDI and credentialing forms here:

SB123@beaconhealthoptions.com